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Bib Data Sheet

CONFIRMATION NO. 4960

SERIAL NUMBER 10/029,559	FILING DATE 12/20/2001  RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 24641-7005
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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/05/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	15	71	8
Examiner's Signature <i>Paul P. P.</i>	Initials <i>PBP</i>			

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94111-3834

## TITLE

Advanced endovascular graft

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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